

**Arizona Department of Health Services**  
**Office for Children with Special Health Care Needs**  
**TBI/SCI/CYSHCN Family Resource Coordination**  
**Billing Requirements Guide**

<b>By Service Provided...</b>		
<b>When You Bill For...</b>	<b>Documents Required</b>	<b>Other Notes</b>
Direct Care Services (DCS)	1) DCS Services Detail Report	➤ To be used only when all other payer resources have been exhausted.
Family Resource Coordination	1) Documentation of: <ul style="list-style-type: none"> <li>a) Intake</li> <li>b) Development of an initial ISP and an ongoing annual ISP</li> <li>c) Review of the ISP six (6) months after the development of an ISP</li> <li>d) Change in the ISP as required or warranted</li> <li>e) Member/Family contact face-to-face or by phone</li> <li>f) Addressing needs of the member/family</li> <li>g) Attending meetings</li> <li>h) Initiating or participating in transitions</li> <li>i) Transfer of members to another agency or program</li> <li>j) Exit of a member from the program</li> <li>k) Maintenance of the member's file, billing, paper work requirements, etc.</li> </ul>	➤ Billing must reflect routine Family Resource Coordination activities. Billable monthly Family Resource Coordination hours are the number of hours spent by each Family Resource Coordinator on direct Family Resource Coordination services.

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Authorized Training	1) Documentation of the exact training attended including training title and dates.	<ul style="list-style-type: none"> <li>➤ Can be billed in ¼-hour increments.</li> <li>➤ To be used for ADHS/OCSHCN mandatory training and for attendance at other trainings with prior authorized by ADHS Program Manager.</li> <li>➤ Training attendance must be pre-approved by ADHS Program Manager. To receive authorization to attend training, please e-mail Program Manager with request. Program Manager will respond to request via e-mail and maintain a copy of the e-mail as indication of prior authorization.</li> </ul> <p><i>(This documentation requirement does not apply to ADHS/OCSHCN mandatory training)</i></p>
TBI/SCI Community Outreach/Education	1) Community Outreach/Education Log (with information provided for all columns) 2) Attach copy of e-mail granting Program Manager approval for Outreach/Education outside a Service Coordinator's local community, if applicable.	<ul style="list-style-type: none"> <li>➤ Can be billed in ¼-hour increments.</li> <li>➤ Presentations outside a Service Coordinator's local community must be pre-approved by the ADHS/OCSHCN Program Manager. E-mail Program Manager to receive prior approval. Program Manager will respond to request via e-mail and maintain a copy of the e-mail as indication of prior authorization.</li> </ul>

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